NOMINATION PETITION

IMPORTANT: THE NOMINATION PETITION, ENDORSED WITH **AT LEAST 250 ORIGINAL SIGNATURES,** MUST BE <u>ACTUALLY RECEIVED</u> BY THE CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM (CALPERS) AT THE ADDRESS BELOW **<u>NO LATER THAN MAY 26, 1998, 5:00 P.M. FIRM</u>**. THE NOMINATION PETITION PROVIDES FIFTY (50) ADDITIONAL NAME/SIGNATURE LINES. ONLY NOMINATION PETITIONS SUPPLIED BY CALPERS WILL BE ACCEPTABLE.

> California Public Employees' Retirement System, Attention: CalPERS' Election Coordinator
> Lincoln Plaza - 400 P Street, Room 3290
> P.O. Box 942702
> Sacramento, CA 94229-2702
> Telephone: (916) 326-3952, local, or 1-(800) 794-2297, toll free

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NOMINATION

WE, THE UNDERSIGNED, ACTIVE MEMBERS OF THE CALIFORNIA PUBLIC EMPLOYEES'

RETIREMENT SYSTEM, PLACE IN NOMINATION_____

AS A MEMBER OF THE BOARD OF ADMINISTRATION, CALIFORNIA PUBLIC EMPLOYEES'

RETIREMENT SYSTEM. NOMINEE IS EMPLOYED BY (AGENCY) _____

_____.

_____   _____
Nominee's Street Address   Nominee's Social Security Number *

_____   _____
City   State   Zip Code   Signature of Nominee Consenting to Nomination

(_____)_____   (_____)_____
Nominee's Daytime Telephone Number   Nominee's Fax Number

INFORMATION NEEDED FOR VERIFICATION OF SYSTEM MEMBERSHIP

<u>NAME</u> (Type/Print) & SIGNATURE	<u>SOCIAL SECURITY NUMBER</u>*	<u>EMPLOYED BY (AGENCY)</u>

1. _____   _____   _____

(Type/Print Name)

_____

(Signature)

2. _____   _____   _____

(Type/Print Name)

_____

(Signature)

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* NOTE: This information is sought pursuant to Title 2, California Code of Regulations section 554.3. Disclosure of the Social Security Number is voluntary; however failure to disclose the Social Security Number will prevent CalPERS from verifying membership and will result in ineligibility of the signature. Social Security Numbers are used exclusively for the purpose of identification, pursuant to 42 U.S.C.A. Sec. 405, et seq., and will not hereafter be publicly disclosed by CalPERS.

NOMINATION PETITION FOR:_____

NAME (Type/Print) & SIGNATURE	SOCIAL SECURITY NUMBER*	EMPLOYED BY (AGENCY)

3. _____ _____ _____
   (Type/Print Name)

_____
   (Signature)

4. _____ _____ _____
   (Type/Print Name)

_____
   (Signature)

5. _____ _____ _____
   (Type/Print Name)

_____
   (Signature)

6. _____ _____ _____
   (Type/Print Name)

_____
   (Signature)

7. _____ _____ _____
   (Type/Print Name)

_____
   (Signature)

8. _____ _____ _____
   (Type/Print Name)

_____
   (Signature)

9. _____ _____ _____
   (Type/Print Name)

_____
   (Signature)

CalPERS-BRD-74-I (3/98)

NOMINATION PETITION FOR:_____

	NAME (Type/Print) & SIGNATURE	SOCIAL SECURITY NUMBER*	EMPLOYED BY (AGENCY)

10. _____   _____   _____
    (Type/Print Name)

    _____
    (Signature)

11. _____   _____   _____
    (Type/Print Name)

    _____
    (Signature)

12. _____   _____   _____
    (Type/Print Name)

    _____
    (Signature)

13. _____   _____   _____
    (Type/Print Name)

    _____
    (Signature)

14. _____   _____   _____
    (Type/Print Name)

    _____
    (Signature)

15. _____   _____   _____
    (Type/Print Name)

    _____
    (Signature)

16. _____   _____   _____
    (Type/Print Name)

    _____
    (Signature)

17. _____   _____   _____

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NOMINATION PETITION FOR:_____

	NAME (Type/Print) & SIGNATURE (Type/Print Name)	SOCIAL SECURITY NUMBER*	EMPLOYED BY (AGENCY)

_____
(Signature)

18. _____   _____   _____
(Type/Print Name)

_____
(Signature)

19. _____   _____   _____
(Type/Print Name)

_____
(Signature)

20. _____   _____   _____
(Type/Print Name)

_____
(Signature)

21. _____   _____   _____
(Type/Print Name)

_____
(Signature)

22. _____   _____   _____
(Type/Print Name)

_____
(Signature)

23. _____   _____   _____
(Type/Print Name)

_____
(Signature)

24. _____   _____   _____
(Type/Print Name)

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NOMINATION PETITION FOR:_____

NAME (Type/Print) & SIGNATURE	SOCIAL SECURITY NUMBER*	EMPLOYED BY (AGENCY)

_____
(Signature)

25. _____   _____   _____
(Type/Print Name)

_____
(Signature)

26. _____   _____   _____
(Type/Print Name)

_____
(Signature)

27. _____   _____   _____
(Type/Print Name)

_____
(Signature)

28. _____   _____   _____
(Type/Print Name)

_____
(Signature)

29. _____   _____   _____
(Type/Print Name)

_____
(Signature)

30. _____   _____   _____
(Type/Print Name)

_____
(Signature)

31. _____   _____   _____
(Type/Print Name)

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CalPERS-BRD-74-I (3/98)

NOMINATION PETITION FOR:_____

	NAME (Type/Print) & SIGNATURE	SOCIAL SECURITY NUMBER*	EMPLOYED BY (AGENCY)

_____
(Signature)

32. _____   _____   _____
(Type/Print Name)

_____
(Signature)

33. _____   _____   _____
(Type/Print Name)

_____
(Signature)

34. _____   _____   _____
(Type/Print Name)

_____
(Signature)

35. _____   _____   _____
(Type/Print Name)

_____
(Signature)

36. _____   _____   _____
(Type/Print Name)

_____
(Signature)

37. _____   _____   _____
(Type/Print Name)

_____
(Signature)

38. _____   _____   _____
(Type/Print Name)

_____

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CalPERS-BRD-74-I (3/98)

NOMINATION PETITION FOR:_____

	NAME (Type/Print) & SIGNATURE	SOCIAL SECURITY NUMBER*	EMPLOYED BY (AGENCY)

(Signature)

39. _____   _____   _____
(Type/Print Name)

_____
(Signature)

40. _____   _____   _____
(Type/Print Name)

_____
(Signature)

41. _____   _____   _____
(Type/Print Name)

_____
(Signature)

42. _____   _____   _____
(Type/Print Name)

_____
(Signature)

43. _____   _____   _____
(Type/Print Name)

_____
(Signature)

44. _____   _____   _____
(Type/Print Name)

_____
(Signature)

45. _____   _____   _____
(Type/Print Name)

_____
(Signature)

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NOMINATION PETITION FOR:_____

NAME <u>(Type/Print)</u> & SIGNATURE   <u>SOCIAL SECURITY NUMBER</u>*   <u>EMPLOYED BY (AGENCY)</u>

46. _____   _____   _____
     (Type/Print Name)

     _____
     (Signature)

47. _____   _____   _____
     (Type/Print Name)

     _____
     (Signature)

48. _____   _____   _____
     (Type/Print Name)

     _____
     (Signature)

49. _____   _____   _____
     (Type/Print Name)

     _____
     (Signature)

50. _____   _____   _____
     (Type/Print Name)

     _____
     (Signature)

51. _____   _____   _____
     (Type/Print Name)

     _____
     (Signature)

52. _____   _____   _____
     (Type/Print Name)

     _____
     (Signature)

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CalPERS-BRD-74-I (3/98)

NOMINATION PETITION FOR:_____

	NAME (Type/Print) & SIGNATURE	SOCIAL SECURITY NUMBER*	EMPLOYED BY (AGENCY)

53. _____   _____   _____
(Type/Print Name)

_____
(Signature)

54. _____   _____   _____
(Type/Print Name)

_____
(Signature)

55. _____   _____   _____
(Type/Print Name)

_____
(Signature)

56. _____   _____   _____
(Type/Print Name)

_____
(Signature)

57. _____   _____   _____
(Type/Print Name)

_____
(Signature)

58. _____   _____   _____
(Type/Print Name)

_____
(Signature)

59. _____   _____   _____
(Type/Print Name)

_____
(Signature)

60. _____   _____   _____

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CalPERS-BRD-74-I (3/98)

NOMINATION PETITION FOR:_____

NAME (Type/Print) & SIGNATURE   SOCIAL SECURITY NUMBER*   EMPLOYED BY (AGENCY)
(Type/Print Name)

_____
(Signature)

61. _____   _____   _____
(Type/Print Name)

_____
(Signature)

62. _____   _____   _____
(Type/Print Name)

_____
(Signature)

63. _____   _____   _____
(Type/Print Name)

_____
(Signature)

64. _____   _____   _____
(Type/Print Name)

_____
(Signature)

65. _____   _____   _____
(Type/Print Name)

_____
(Signature)

66. _____   _____   _____
(Type/Print Name)

_____
(Signature)

67. _____   _____   _____
(Type/Print Name)

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NOMINATION PETITION FOR:_____

NAME (Type/Print) & SIGNATURE	SOCIAL SECURITY NUMBER*	EMPLOYED BY (AGENCY)

_____
(Signature)

68. _____   _____   _____
(Type/Print Name)

_____
(Signature)

69. _____   _____   _____
(Type/Print Name)

_____
(Signature)

70. _____   _____   _____
(Type/Print Name)

_____
(Signature)

71. _____   _____   _____
(Type/Print Name)

_____
(Signature)

72. _____   _____   _____
(Type/Print Name)

_____
(Signature)

73. _____   _____   _____
(Type/Print Name)

_____
(Signature)

74. _____   _____   _____
(Type/Print Name)

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CalPERS-BRD-74-I (3/98)

NOMINATION PETITION FOR:_____

NAME (Type/Print) & SIGNATURE   SOCIAL SECURITY NUMBER*   EMPLOYED BY (AGENCY)

_____
(Signature)

75. _____   _____   _____
(Type/Print Name)

_____
(Signature)

76. _____   _____   _____
(Type/Print Name)

_____
(Signature)

77. _____   _____   _____
(Type/Print Name)

_____
(Signature)

78. _____   _____   _____
(Type/Print Name)

_____
(Signature)

79. _____   _____   _____
(Type/Print Name)

_____
(Signature)

80. _____   _____   _____
(Type/Print Name)

_____
(Signature)

81. _____   _____   _____
(Type/Print Name)

_____

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CalPERS-BRD-74-I (3/98)

NOMINATION PETITION FOR:_____

	NAME (Type/Print) & SIGNATURE	SOCIAL SECURITY NUMBER*	EMPLOYED BY (AGENCY)
	(Signature)		

82. _____   _____   _____
(Type/Print Name)

_____
(Signature)

83. _____   _____   _____
(Type/Print Name)

_____
(Signature)

84. _____   _____   _____
(Type/Print Name)

_____
(Signature)

85. _____   _____   _____
(Type/Print Name)

_____
(Signature)

86. _____   _____   _____
(Type/Print Name)

_____
(Signature)

87. _____   _____   _____
(Type/Print Name)

_____
(Signature)

88. _____   _____   _____
(Type/Print Name)

_____
(Signature)

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CalPERS-BRD-74-I (3/98)

NOMINATION PETITION FOR:_____

| NAME (Type/Print) & SIGNATURE | SOCIAL SECURITY NUMBER* | EMPLOYED BY (AGENCY) |

89. _____   _____   _____
(Type/Print Name)

_____
(Signature)

90. _____   _____   _____
(Type/Print Name)

_____
(Signature)

91. _____   _____   _____
(Type/Print Name)

_____
(Signature)

92. _____   _____   _____
(Type/Print Name)

_____
(Signature)

93. _____   _____   _____
(Type/Print Name)

_____
(Signature)

94. _____   _____   _____
(Type/Print Name)

_____
(Signature)

95. _____   _____   _____
(Type/Print Name)

_____
(Signature)

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CalPERS-BRD-74-I (3/98)

NOMINATION PETITION FOR:_____

<u>NAME (Type/Print) & SIGNATURE</u>   <u>SOCIAL SECURITY NUMBER</u>*   <u>EMPLOYED BY (AGENCY)</u>

96. _____   _____   _____
(Type/Print Name)

_____
(Signature)

97. _____   _____   _____
(Type/Print Name)

_____
(Signature)

98. _____   _____   _____
(Type/Print Name)

_____
(Signature)

99. _____   _____   _____
(Type/Print Name)

_____
(Signature)

100. _____   _____   _____
(Type/Print Name)

_____
(Signature)

101. _____   _____   _____
(Type/Print Name)

_____
(Signature)

102. _____   _____   _____
(Type/Print Name)

_____
(Signature)

103. _____   _____   _____

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CalPERS-BRD-74-I (3/98)

NOMINATION PETITION FOR:_____

NAME (Type/Print) & SIGNATURE	SOCIAL SECURITY NUMBER*	EMPLOYED BY (AGENCY)
(Type/Print Name)		

_____
(Signature)

104. _____   _____   _____
(Type/Print Name)

_____
(Signature)

105. _____   _____   _____
(Type/Print Name)

_____
(Signature)

106. _____   _____   _____
(Type/Print Name)

_____
(Signature)

107. _____   _____   _____
(Type/Print Name)

_____
(Signature)

108. _____   _____   _____
(Type/Print Name)

_____
(Signature)

109. _____   _____   _____
(Type/Print Name)

_____
(Signature)

110. _____   _____   _____
(Type/Print Name)

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NOMINATION PETITION FOR:_____

NAME (Type/Print) & SIGNATURE   SOCIAL SECURITY NUMBER*   EMPLOYED BY (AGENCY)

_____
(Signature)

111. _____   _____   _____
(Type/Print Name)

_____
(Signature)

112. _____   _____   _____
(Type/Print Name)

_____
(Signature)

113. _____   _____   _____
(Type/Print Name)

_____
(Signature)

114. _____   _____   _____
(Type/Print Name)

_____
(Signature)

115. _____   _____   _____
(Type/Print Name)

_____
(Signature)

116. _____   _____   _____
(Type/Print Name)

_____
(Signature)

117. _____   _____   _____
(Type/Print Name)

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CalPERS-BRD-74-I (3/98)

NOMINATION PETITION FOR:_____

| NAME (Type/Print) & SIGNATURE | SOCIAL SECURITY NUMBER* | EMPLOYED BY (AGENCY) |

_____
(Signature)

118. _____ _____ _____
(Type/Print Name)

_____
(Signature)

119. _____ _____ _____
(Type/Print Name)

_____
(Signature)

120. _____ _____ _____
(Type/Print Name)

_____
(Signature)

121. _____ _____ _____
(Type/Print Name)

_____
(Signature)

122. _____ _____ _____
(Type/Print Name)

_____
(Signature)

123. _____ _____ _____
(Type/Print Name)

_____
(Signature)

124. _____ _____ _____
(Type/Print Name)

_____

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CalPERS-BRD-74-I (3/98)

NOMINATION PETITION FOR:_____

NAME (Type/Print) & SIGNATURE   SOCIAL SECURITY NUMBER*   EMPLOYED BY (AGENCY)
(Signature)

125. _____   _____   _____
(Type/Print Name)

_____
(Signature)

126. _____   _____   _____
(Type/Print Name)

_____
(Signature)

127. _____   _____   _____
(Type/Print Name)

_____
(Signature)

128. _____   _____   _____
(Type/Print Name)

_____
(Signature)

129. _____   _____   _____
(Type/Print Name)

_____
(Signature)

130. _____   _____   _____
(Type/Print Name)

_____
(Signature)

131. _____   _____   _____
(Type/Print Name)

_____
(Signature)

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CalPERS-BRD-74-I (3/98)

NOMINATION PETITION FOR:_____

NAME (Type/Print) & SIGNATURE	SOCIAL SECURITY NUMBER*	EMPLOYED BY (AGENCY)

132. _____ _____ _____
(Type/Print Name)

_____
(Signature)

133. _____ _____ _____
(Type/Print Name)

_____
(Signature)

134. _____ _____ _____
(Type/Print Name)

_____
(Signature)

135. _____ _____ _____
(Type/Print Name)

_____
(Signature)

136. _____ _____ _____
(Type/Print Name)

_____
(Signature)

137. _____ _____ _____
(Type/Print Name)

_____
(Signature)

138. _____ _____ _____
(Type/Print Name)

_____
(Signature)

NOMINATION PETITION FOR:_____

<u>NAME (Type/Print) & SIGNATURE</u>   <u>SOCIAL SECURITY NUMBER</u>*   <u>EMPLOYED BY (AGENCY)</u>

139. _____   _____   _____
(Type/Print Name)

_____
(Signature)

140. _____   _____   _____
(Type/Print Name)

_____
(Signature)

141. _____   _____   _____
(Type/Print Name)

_____
(Signature)

142. _____   _____   _____
(Type/Print Name)

_____
(Signature)

143. _____   _____   _____
(Type/Print Name)

_____
(Signature)

144. _____   _____   _____
(Type/Print Name)

_____
(Signature)

145. _____   _____   _____
(Type/Print Name)

_____
(Signature)

146. _____   _____   _____

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CalPERS-BRD-74-I (3/98)

NOMINATION PETITION FOR:_____

NAME (Type/Print) & SIGNATURE   SOCIAL SECURITY NUMBER*   EMPLOYED BY (AGENCY)

(Type/Print Name)

_____
(Signature)

147. _____   _____   _____
(Type/Print Name)

_____
(Signature)

148. _____   _____   _____
(Type/Print Name)

_____
(Signature)

149. _____   _____   _____
(Type/Print Name)

_____
(Signature)

150. _____   _____   _____
(Type/Print Name)

_____
(Signature)

151. _____   _____   _____
(Type/Print Name)

_____
(Signature)

152. _____   _____   _____
(Type/Print Name)

_____
(Signature)

153. _____   _____   _____
(Type/Print Name)

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CalPERS-BRD-74-I (3/98)

NOMINATION PETITION FOR:_____

<u>NAME (Type/Print) & SIGNATURE</u>   <u>SOCIAL SECURITY NUMBER</u>*   <u>EMPLOYED BY (AGENCY)</u>

_____
(Signature)

154. _____   _____   _____
(Type/Print Name)

_____
(Signature)

155. _____   _____   _____
(Type/Print Name)

_____
(Signature)

156. _____   _____   _____
(Type/Print Name)

_____
(Signature)

157. _____   _____   _____
(Type/Print Name)

_____
(Signature)

158. _____   _____   _____
(Type/Print Name)

_____
(Signature)

159. _____   _____   _____
(Type/Print Name)

_____
(Signature)

160. _____   _____   _____
(Type/Print Name)

* NOTE: This information is sought pursuant to Title 2, California Code of Regulations section 554.3. Disclosure of the Social Security Number is voluntary; however failure to disclose the Social Security Number will prevent CalPERS from verifying membership and will result in ineligibility of the signature. Social Security Numbers are used exclusively for the purpose of identification, pursuant to 42 U.S.C.A. Sec. 405, et seq., and will not hereafter be publicly disclosed by CalPERS.

CalPERS-BRD-74-I (3/98)

NOMINATION PETITION FOR:_____

NAME (Type/Print) & SIGNATURE	SOCIAL SECURITY NUMBER*	EMPLOYED BY (AGENCY)

_____
(Signature)

161. _____   _____   _____
(Type/Print Name)

_____
(Signature)

162. _____   _____   _____
(Type/Print Name)

_____
(Signature)

163. _____   _____   _____
(Type/Print Name)

_____
(Signature)

164. _____   _____   _____
(Type/Print Name)

_____
(Signature)

165. _____   _____   _____
(Type/Print Name)

_____
(Signature)

166. _____   _____   _____
(Type/Print Name)

_____
(Signature)

167. _____   _____   _____
(Type/Print Name)

_____

* NOTE: This information is sought pursuant to Title 2, California Code of Regulations section 554.3. Disclosure of the Social Security Number is voluntary; however failure to disclose the Social Security Number will prevent CalPERS from verifying membership and will result in ineligibility of the signature. Social Security Numbers are used exclusively for the purpose of identification, pursuant to 42 U.S.C.A. Sec. 405, et seq., and will not hereafter be publicly disclosed by CalPERS.

CalPERS-BRD-74-I (3/98)

NOMINATION PETITION FOR:_____

| NAME (Type/Print) & SIGNATURE | SOCIAL SECURITY NUMBER* | EMPLOYED BY (AGENCY) |

(Signature)

168. _____   _____   _____
(Type/Print Name)

_____
(Signature)

169. _____   _____   _____
(Type/Print Name)

_____
(Signature)

170. _____   _____   _____
(Type/Print Name)

_____
(Signature)

171. _____   _____   _____
(Type/Print Name)

_____
(Signature)

172. _____   _____   _____
(Type/Print Name)

_____
(Signature)

173. _____   _____   _____
(Type/Print Name)

_____
(Signature)

174. _____   _____   _____
(Type/Print Name)

_____
(Signature)

* NOTE: This information is sought pursuant to Title 2, California Code of Regulations section 554.3. Disclosure of the Social Security Number is voluntary; however failure to disclose the Social Security Number will prevent CalPERS from verifying membership and will result in ineligibility of the signature. Social Security Numbers are used exclusively for the purpose of identification, pursuant to 42 U.S.C.A. Sec. 405, et seq., and will not hereafter be publicly disclosed by CalPERS.

NOMINATION PETITION FOR:_____

	NAME (Type/Print) & SIGNATURE	SOCIAL SECURITY NUMBER*	EMPLOYED BY (AGENCY)

175. _____   _____   _____
(Type/Print Name)

_____
(Signature)

176. _____   _____   _____
(Type/Print Name)

_____
(Signature)

177. _____   _____   _____
(Type/Print Name)

_____
(Signature)

178. _____   _____   _____
(Type/Print Name)

_____
(Signature)

179. _____   _____   _____
(Type/Print Name)

_____
(Signature)

180. _____   _____   _____
(Type/Print Name)

_____
(Signature)

181. _____   _____   _____
(Type/Print Name)

_____
(Signature)

NOMINATION PETITION FOR:_____

<u>NAME (Type/Print) & SIGNATURE</u>   <u>SOCIAL SECURITY NUMBER</u>*   <u>EMPLOYED BY (AGENCY)</u>

182. _____   _____   _____
(Type/Print Name)

_____
(Signature)

183. _____   _____   _____
(Type/Print Name)

_____
(Signature)

184. _____   _____   _____
(Type/Print Name)

_____
(Signature)

185. _____   _____   _____
(Type/Print Name)

_____
(Signature)

186. _____   _____   _____
(Type/Print Name)

_____
(Signature)

187. _____   _____   _____
(Type/Print Name)

_____
(Signature)

188. _____   _____   _____
(Type/Print Name)

_____
(Signature)

189. _____   _____   _____

* **NOTE**: This information is sought pursuant to Title 2, California Code of Regulations section 554.3. Disclosure of the Social Security Number is voluntary; however failure to disclose the Social Security Number will prevent CalPERS from verifying membership and will result in ineligibility of the signature. Social Security Numbers are used exclusively for the purpose of identification, pursuant to 42 U.S.C.A. Sec. 405, et seq., and will not hereafter be publicly disclosed by CalPERS.

CalPERS-BRD-74-I (3/98)

NOMINATION PETITION FOR:_____

NAME (Type/Print) & SIGNATURE   SOCIAL SECURITY NUMBER*   EMPLOYED BY (AGENCY)

(Type/Print Name)

_____
(Signature)

190. _____ _____ _____
(Type/Print Name)

_____
(Signature)

191. _____ _____ _____
(Type/Print Name)

_____
(Signature)

192. _____ _____ _____
(Type/Print Name)

_____
(Signature)

193. _____ _____ _____
(Type/Print Name)

_____
(Signature)

194. _____ _____ _____
(Type/Print Name)

_____
(Signature)

195. _____ _____ _____
(Type/Print Name)

_____
(Signature)

196. _____ _____ _____
(Type/Print Name)

* NOTE: This information is sought pursuant to Title 2, California Code of Regulations section 554.3. Disclosure of the Social Security Number is voluntary; however failure to disclose the Social Security Number will prevent CalPERS from verifying membership and will result in ineligibility of the signature. Social Security Numbers are used exclusively for the purpose of identification, pursuant to 42 U.S.C.A. Sec. 405, et seq., and will not hereafter be publicly disclosed by CalPERS.

CalPERS-BRD-74-I (3/98)

NOMINATION PETITION FOR:_____

NAME (Type/Print) & SIGNATURE	SOCIAL SECURITY NUMBER*	EMPLOYED BY (AGENCY)

_____
(Signature)

197. _____   _____   _____
(Type/Print Name)

_____
(Signature)

198. _____   _____   _____
(Type/Print Name)

_____
(Signature)

199. _____   _____   _____
(Type/Print Name)

_____
(Signature)

200. _____   _____   _____
(Type/Print Name)

_____
(Signature)

201. _____   _____   _____
(Type/Print Name)

_____
(Signature)

202. _____   _____   _____
(Type/Print Name)

_____
(Signature)

203. _____   _____   _____
(Type/Print Name)

NOMINATION PETITION FOR:_____

<u>NAME (Type/Print)</u> & SIGNATURE   SOCIAL SECURITY NUMBER*   EMPLOYED BY (AGENCY)

_____
(Signature)

204. _____   _____   _____
(Type/Print Name)

_____
(Signature)

205. _____   _____   _____
(Type/Print Name)

_____
(Signature)

206. _____   _____   _____
(Type/Print Name)

_____
(Signature)

207. _____   _____   _____
(Type/Print Name)

_____
(Signature)

208. _____   _____   _____
(Type/Print Name)

_____
(Signature)

209. _____   _____   _____
(Type/Print Name)

_____
(Signature)

210. _____   _____   _____
(Type/Print Name)

_____

* NOTE: This information is sought pursuant to Title 2, California Code of Regulations section 554.3. Disclosure of the Social Security Number is voluntary; however failure to disclose the Social Security Number will prevent CalPERS from verifying membership and will result in ineligibility of the signature. Social Security Numbers are used exclusively for the purpose of identification, pursuant to 42 U.S.C.A. Sec. 405, et seq., and will not hereafter be publicly disclosed by CalPERS.

CalPERS-BRD-74-I (3/98)

NOMINATION PETITION FOR:_____

<table>
<tr><td>NAME _(Type/Print) & SIGNATURE
(Signature)</td><td>SOCIAL SECURITY NUMBER*</td><td>EMPLOYED BY (AGENCY)</td></tr>
</table>

NAME (Type/Print) & SIGNATURE   SOCIAL SECURITY NUMBER*   EMPLOYED BY (AGENCY)
(Signature)

211. _____   _____   _____
(Type/Print Name)

_____
(Signature)

212. _____   _____   _____
(Type/Print Name)

_____
(Signature)

213. _____   _____   _____
(Type/Print Name)

_____
(Signature)

214. _____   _____   _____
(Type/Print Name)

_____
(Signature)

215. _____   _____   _____
(Type/Print Name)

_____
(Signature)

216. _____   _____   _____
(Type/Print Name)

_____
(Signature)

217. _____   _____   _____
(Type/Print Name)

_____
(Signature)

* **NOTE**: This information is sought pursuant to Title 2, California Code of Regulations section 554.3. Disclosure of the Social Security Number is voluntary; however failure to disclose the Social Security Number will prevent CalPERS from verifying membership and will result in ineligibility of the signature. Social Security Numbers are used exclusively for the purpose of identification, pursuant to 42 U.S.C.A. Sec. 405, et seq., and will not hereafter be publicly disclosed by CalPERS.

CalPERS-BRD-74-I (3/98)

NOMINATION PETITION FOR:_____

	NAME (Type/Print) & SIGNATURE	SOCIAL SECURITY NUMBER*	EMPLOYED BY (AGENCY)

218. _____   _____   _____
(Type/Print Name)

_____
(Signature)

219. _____   _____   _____
(Type/Print Name)

_____
(Signature)

220. _____   _____   _____
(Type/Print Name)

_____
(Signature)

221. _____   _____   _____
(Type/Print Name)

_____
(Signature)

222. _____   _____   _____
(Type/Print Name)

_____
(Signature)

223. _____   _____   _____
(Type/Print Name)

_____
(Signature)

224. _____   _____   _____
(Type/Print Name)

_____
(Signature)

---

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CalPERS-BRD-74-I (3/98)

NOMINATION PETITION FOR:_____

	NAME (Type/Print) & SIGNATURE	SOCIAL SECURITY NUMBER*	EMPLOYED BY (AGENCY)

225. _____ _____ _____
    (Type/Print Name)

    _____
    (Signature)

226. _____ _____ _____
    (Type/Print Name)

    _____
    (Signature)

227. _____ _____ _____
    (Type/Print Name)

    _____
    (Signature)

228. _____ _____ _____
    (Type/Print Name)

    _____
    (Signature)

229. _____ _____ _____
    (Type/Print Name)

    _____
    (Signature)

230. _____ _____ _____
    (Type/Print Name)

    _____
    (Signature)

231. _____ _____ _____
    (Type/Print Name)

    _____
    (Signature)

232. _____ _____ _____

* NOTE: This information is sought pursuant to Title 2, California Code of Regulations section 554.3. Disclosure of the Social Security Number is voluntary; however failure to disclose the Social Security Number will prevent CalPERS from verifying membership and will result in ineligibility of the signature. Social Security Numbers are used exclusively for the purpose of identification, pursuant to 42 U.S.C.A. Sec. 405, et seq., and will not hereafter be publicly disclosed by CalPERS.

CalPERS-BRD-74-I (3/98)

NOMINATION PETITION FOR:_____

NAME (Type/Print) & SIGNATURE SOCIAL SECURITY NUMBER* EMPLOYED BY (AGENCY)

(Type/Print Name)

_____
(Signature)

233. _____ _____ _____
(Type/Print Name)

_____
(Signature)

234. _____ _____ _____
(Type/Print Name)

_____
(Signature)

235. _____ _____ _____
(Type/Print Name)

_____
(Signature)

236. _____ _____ _____
(Type/Print Name)

_____
(Signature)

237. _____ _____ _____
(Type/Print Name)

_____
(Signature)

238. _____ _____ _____
(Type/Print Name)

_____
(Signature)

239. _____ _____ _____
(Type/Print Name)

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CalPERS-BRD-74-I (3/98)

NOMINATION PETITION FOR:_____

NAME (Type/Print) & SIGNATURE	SOCIAL SECURITY NUMBER*	EMPLOYED BY (AGENCY)

_____
(Signature)

240. _____   _____   _____
(Type/Print Name)

_____
(Signature)

241. _____   _____   _____
(Type/Print Name)

_____
(Signature)

242. _____   _____   _____
(Type/Print Name)

_____
(Signature)

243. _____   _____   _____
(Type/Print Name)

_____
(Signature)

244. _____   _____   _____
(Type/Print Name)

_____
(Signature)

245. _____   _____   _____
(Type/Print Name)

_____
(Signature)

246. _____   _____   _____
(Type/Print Name)

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CalPERS-BRD-74-I (3/98)

NOMINATION PETITION FOR:_____

NAME (Type/Print) & SIGNATURE	SOCIAL SECURITY NUMBER*	EMPLOYED BY (AGENCY)

_____
(Signature)

247. _____   _____   _____
(Type/Print Name)

_____
(Signature)

248. _____   _____   _____
(Type/Print Name)

_____
(Signature)

249. _____   _____   _____
(Type/Print Name)

_____
(Signature)

250. _____   _____   _____
(Type/Print Name)

_____
(Signature)

251. _____   _____   _____
(Type/Print Name)

_____
(Signature)

252. _____   _____   _____
(Type/Print Name)

_____
(Signature)

253. _____   _____   _____
(Type/Print Name)

_____

* NOTE: This information is sought pursuant to Title 2, California Code of Regulations section 554.3. Disclosure of the Social Security Number is voluntary; however failure to disclose the Social Security Number will prevent CalPERS from verifying membership and will result in ineligibility of the signature. Social Security Numbers are used exclusively for the purpose of identification, pursuant to 42 U.S.C.A. Sec. 405, et seq., and will not hereafter be publicly disclosed by CalPERS.

CalPERS-BRD-74-I (3/98)

NOMINATION PETITION FOR:_____

NAME (Type/Print) & SIGNATURE   SOCIAL SECURITY NUMBER*   EMPLOYED BY (AGENCY)
(Signature)

254. _____
(Type/Print Name)

_____
(Signature)

255. _____
(Type/Print Name)

_____
(Signature)

256. _____
(Type/Print Name)

_____
(Signature)

257. _____
(Type/Print Name)

_____
(Signature)

258. _____
(Type/Print Name)

_____
(Signature)

259. _____
(Type/Print Name)

_____
(Signature)

260. _____
(Type/Print Name)

_____
(Signature)

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NOMINATION PETITION FOR:_____

NAME (Type/Print) & SIGNATURE	SOCIAL SECURITY NUMBER*	EMPLOYED BY (AGENCY)

261. _____   _____   _____
(Type/Print Name)

_____
(Signature)

262. _____   _____   _____
(Type/Print Name)

_____
(Signature)

263. _____   _____   _____
(Type/Print Name)

_____
(Signature)

264. _____   _____   _____
(Type/Print Name)

_____
(Signature)

265. _____   _____   _____
(Type/Print Name)

_____
(Signature)

266. _____   _____   _____
(Type/Print Name)

_____
(Signature)

267. _____   _____   _____
(Type/Print Name)

_____
(Signature)

NOMINATION PETITION FOR:_____

<u>NAME</u> (Type/Print) <u>& SIGNATURE</u>   <u>SOCIAL SECURITY NUMBER</u>*   <u>EMPLOYED BY (AGENCY)</u>

268. _____   _____   _____
(Type/Print Name)

_____
(Signature)

269. _____   _____   _____
(Type/Print Name)

_____
(Signature)

270. _____   _____   _____
(Type/Print Name)

_____
(Signature)

271. _____   _____   _____
(Type/Print Name)

_____
(Signature)

272. _____   _____   _____
(Type/Print Name)

_____
(Signature)

273. _____   _____   _____
(Type/Print Name)

_____
(Signature)

274. _____   _____   _____
(Type/Print Name)

_____
(Signature)

275. _____   _____   _____

CalPERS-BRD-74-I (3/98)

NOMINATION PETITION FOR:_____

NAME _(Type/Print) & SIGNATURE   SOCIAL SECURITY NUMBER*   EMPLOYED BY (AGENCY)
(Type/Print Name)

_____
(Signature)

276. _____   _____   _____
(Type/Print Name)

_____
(Signature)

277. _____   _____   _____
(Type/Print Name)

_____
(Signature)

278. _____   _____   _____
(Type/Print Name)

_____
(Signature)

279. _____   _____   _____
(Type/Print Name)

_____
(Signature)

280. _____   _____   _____
(Type/Print Name)

_____
(Signature)

281. _____   _____   _____
(Type/Print Name)

_____
(Signature)

282. _____   _____   _____
(Type/Print Name)

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CalPERS-BRD-74-I (3/98)

NOMINATION PETITION FOR:_____

<u>NAME (Type/Print) & SIGNATURE</u>   <u>SOCIAL SECURITY NUMBER</u>*   <u>EMPLOYED BY (AGENCY)</u>

_____
(Signature)

283. _____   _____   _____
(Type/Print Name)

_____
(Signature)

284. _____   _____   _____
(Type/Print Name)

_____
(Signature)

285. _____   _____   _____
(Type/Print Name)

_____
(Signature)

286. _____   _____   _____
(Type/Print Name)

_____
(Signature)

287. _____   _____   _____
(Type/Print Name)

_____
(Signature)

288. _____   _____   _____
(Type/Print Name)

_____
(Signature)

289. _____   _____   _____
(Type/Print Name)

* NOTE: This information is sought pursuant to Title 2, California Code of Regulations section 554.3. Disclosure of the Social Security Number is voluntary; however failure to disclose the Social Security Number will prevent CalPERS from verifying membership and will result in ineligibility of the signature. Social Security Numbers are used exclusively for the purpose of identification, pursuant to 42 U.S.C.A. Sec. 405, et seq., and will not hereafter be publicly disclosed by CalPERS.

CalPERS-BRD-74-I (3/98)

NOMINATION PETITION FOR:_____

<u>NAME (Type/Print) & SIGNATURE</u>   <u>SOCIAL SECURITY NUMBER</u>*   <u>EMPLOYED BY (AGENCY)</u>

_____
(Signature)

290. _____   _____   _____
(Type/Print Name)

_____
(Signature)

291. _____   _____   _____
(Type/Print Name)

_____
(Signature)

292. _____   _____   _____
(Type/Print Name)

_____
(Signature)

293. _____   _____   _____
(Type/Print Name)

_____
(Signature)

294. _____   _____   _____
(Type/Print Name)

_____
(Signature)

295. _____   _____   _____
(Type/Print Name)

_____
(Signature)

296. _____   _____   _____
(Type/Print Name)

_____

* NOTE: This information is sought pursuant to Title 2, California Code of Regulations section 554.3. Disclosure of the Social Security Number is voluntary; however failure to disclose the Social Security Number will prevent CalPERS from verifying membership and will result in ineligibility of the signature. Social Security Numbers are used exclusively for the purpose of identification, pursuant to 42 U.S.C.A. Sec. 405, et seq., and will not hereafter be publicly disclosed by CalPERS.

CalPERS-BRD-74-I (3/98)

NOMINATION PETITION FOR:_____

	NAME (Type/Print) & SIGNATURE	SOCIAL SECURITY NUMBER*	EMPLOYED BY (AGENCY)

(Signature)

297. _____   _____   _____
(Type/Print Name)

_____
(Signature)

298. _____   _____   _____
(Type/Print Name)

_____
(Signature)

299. _____   _____   _____
(Type/Print Name)

_____
(Signature)

300. _____   _____   _____
(Type/Print Name)

_____
(Signature)

NOMINATION ACCEPTANCE/BALLOT DESIGNATION FORM

IMPORTANT: COMPLETE AND FILE THIS FORM <u>NO LATER THAN JUNE 8, 1998, 5:00 P.M. FIRM</u>, (CERTIFIED MAIL IS RECOMMENDED) TO:

        California Public Employees' Retirement System
        ATTENTION: CalPERS' Election Coordinator
        Lincoln Plaza - 400 P Street, Room 3290
        P.O. Box 942702
        Sacramento, CA 94229-2702

NOMINATION ACCEPTANCE/NON-ACCEPTANCE

Please select either Item #1 or #2 below by marking the appropriate box.

1. ☐   I accept the nomination for election as a member of the Board of Administration to fill the position whose term will begin January 16, 1999, and expire on January 15, 2003. I consent to serve if elected and agree to abide by the result of a drawing of lots by the Secretary of State in case of a tied vote. I submit the following information:

    Name and Ballot Designation as I wish it shown on the ballot:

    Name: _____
                         (Please type or print)

    Ballot Designation: _____
                         (See attached criteria)

    Employer: _____

    Date of Employment: _____

    Job Title: _____
          (Attach your current job description to this form)

    Personnel Office Telephone Number: (_____) _____

    Total years of CalPERS-covered service in California: _____

2. ☐   I <u>do not</u> accept the nomination for the terms as set forth above.

I understand that if I decide to withdraw my candidacy after submitting this certified form, I must notify the CalPERS' Election Coordinator by phone at (916) 326-3952 and follow-up in writing at the address shown above within five (5) working days following the June 8, 1998, nomination acceptance deadline date in order to have my name removed from the ballot and candidate statement information.

➔   Turn this form over. Read and complete the **CANDIDATE STATEMENT** and **CERTIFICATION** section.

CANDIDATE STATEMENT

I understand that the California Public Employees' Retirement System will distribute with the ballot a candidate statement prepared by candidates. I understand that the statement must be truthful, brief, and limited to factual/biographical information. I also understand that upon request by the CalPERS' Election Coordinator, I must provide verification to the truthfulness of any factual statements and if I fail to respond in a timely manner, then my name will be removed from the ballot and candidate statement information.

I ☐ will ☐ will not be submitting a statement.

CERTIFICATION

My signature below certifies my understanding of the information on the reverse side of this form regarding nomination acceptance/non-acceptance, withdrawing candidacy and the candidate statement. My signature below also certifies that I have completed the information on this form.

SIGNATURE: _____

ADDRESS: _____

_____

TELEPHONE
NUMBER: (_____)_____

DATE: _____

CRITERIA FOR BALLOT DESIGNATION

Each candidate for an elective Board member position may choose a Ballot Designation at the time he or she certifies acceptance of nomination as a candidate. The Ballot Designation will be printed below the candidate's name, on the ballots that are mailed to each eligible voter. The Ballot Designation must be accurate and not misleading.

Each candidate must choose a single Ballot Designation, in conformity with the following guidelines:

(a) If the candidate is already a Board member at the time he or she certifies acceptance of nomination, then the candidate may use the single word "Incumbent" and this is the only time it may be used as a designation. The word "Incumbent" may not be used in conjunction with the candidate's title as a CalPERS' Board member.

(b) If the candidate holds an elected office at any level of government, or is an elected or appointed judge for a court of record in California, at the time he or she certifies acceptance of nomination, he or she may use the title of that office. If the candidate is retired from that office, the title may still be used, if preceded by the word "Retired." The candidate shall not make any other reference to a prior elected or appointed office, such as by the word "former" or "ex."

(c) The candidate may designate the principal profession or occupation in which he or she is engaged, at the time he or she certifies acceptance of nomination. This designation may be general or specific, but it shall not exceed three words in length. If the candidate is retired from the principal profession or occupation, it may still be designated if preceded by the word "Retired." Any geographic reference that is part of the designation shall count as one word, but the word "Retired" shall not count. The candidate shall not make any other reference to prior professional or occupational status, such as by the word "former" or "ex."

(d) The candidate shall not use the Ballot Designation to state or imply, an endorsement or alliance. This means the designation cannot name a political party or any racial, religious or ethnic group. The candidate shall not use the Ballot Designation to state or imply, a particular level of skill or performance. This means the designation cannot be modified by adjectives such as outstanding, leading, expert, virtuous, or eminent.

The determination of whether or not a Ballot Designation conforms to these guidelines shall be made in the sole discretion of the Election Coordinator. If a Ballot Designation does not conform, in whole or in part, it may be reformed by unilateral action of the Election Coordinator before it is printed on the ballots.

The Election Coordinator will provide each candidate with written criteria (above) for choosing a Ballot Designation in conformity with these guidelines, including examples of designations that were used in prior elections (back). The choice of Ballot Designation must be made by each candidate, and the California Public Employees' Retirement System accepts no responsibility for the content or validity of a given Ballot Designation.

EXAMPLES OF PAST BALLOT DESIGNATIONS

- Affirmative Action Coordinator
- Air Quality Engineer
- Attorney
- Benefits Administrator
- Certified Public Accountant
- Community College Instructor
- Community Relations Administrator
- Dentist
- Deputy City Attorney
- Employment Program Manager
- Engineer
- Fire Battalion Chief
- Fire System Technician
- Firefighter
- Governmental Analyst
- Maintenance Worker
- Personnel Specialist
- Planning Graphics Supervisor
- Public Works Inspector
- Registered Nurse
- Retired Transportation Director
- State Correctional Officer
- State Employee
- Wastewater Supervisor

CANDIDATE STATEMENT FORM

IMPORTANT: COMPLETE AND FILE THIS FORM <u>NO LATER THAN JUNE 8, 1998, 5:00 P.M. FIRM</u> (CERTIFIED MAIL IS RECOMMENDED) TO:

> California Public Employees' Retirement System
> ATTENTION: CalPERS' Election Coordinator
> Lincoln Plaza - 400 P Street, Room 3290
> P.O. Box 942702
> Sacramento, CA 94229-2702

CANDIDATE STATEMENTS

Each candidate for an elective Board member position may provide a truthful statement including the candidate's name, the word "Incumbent" when the candidate is the incumbent in the position for which the election is being held, job classification, employer (or employer at retirement), years of CalPERS-covered service, a brief factual, biographical description of no more than 150 words of the candidate's education and background, and a list of organizations to which the candidate belongs, and positions held in those organizations. Statements indicating the candidate's opinion or positions on issues of general concern to the System's membership may be included, so long as they are clearly stated as the candidate's opinion or view. The statements must be truthful, and shall not include other information. <u>The statements must not pose rhetorical questions or any other questions that are inherently misleading.</u>

The statement shall be filed with the Election Coordinator at the time the candidate accepts nomination. Once filed, statements may not be changed or withdrawn except by the Election Coordinator. The Election Coordinator shall reject or edit any statement which contains obscene, vulgar, profane, scandalous, untrue, libelous or defamatory matter or which does not meet the statement limitations stated above. The Election Coordinator may request the candidate to verify the truthfulness of any factual statements. The candidate shall provide timely verification upon such request. The Election Coordinator shall remove from the ballot, the name of any candidate who fails to respond to such a verification request. Nothing in this section shall be deemed to make candidate statements, or the authors thereof free or exempt from any civil or criminal action or penalty because of any false, slanderous or libelous statements offered for printing or distributed to voters. Information contained in the statement is the responsibility of the candidate and the California Public Employees' Retirement System accepts no responsibility for the validity of the statement or the contents thereof.   (California Administrative Code, Title 2, Section 554.4 Employees' Retirement System Regulation.)

INSTRUCTIONS: First, prepare a draft of your candidate statement on another sheet of paper. Check the statement to ensure it meets the standards above and meets the format shown in the *Instructions For The Format Of The Candidate Statement*, CalPERS-BRD-172A. Next, type or clearly print your statement on the lines provided on the reverse side of this form. Your final approved candidate statement will be incorporated in the California Public Employees' Retirement System's (CalPERS) 1998 Board of Administration Election booklet and mailed to eligible voters in October 1998. Sign, date and return this completed form by the deadline date to the location shown at the top of this form.

➔ SIGNATURE: _____   DATE: _____

CalPERS-BRD-172-I   (FRONT)   (3/98)

INSTRUCTIONS FOR THE FORMAT OF THE CANDIDATE STATEMENT

Follow the instructions below for the format of your candidate statement of no more than 150 words. You will be contacted by phone to resolve any format issues that are not addressed in these instructions. Your final approved candidate statement will be incorporated in the California Public Employees' Retirement System's (CalPERS) 1998 Board of Administration Election booklet and mailed to eligible voters in October 1998.

1. Use a block paragraph style, no indentation.

2. Words that are underlined, in italics, in bold or in all upper-case letters will be typeset in upper and lower case italics as appropriate.

3. Numbering a series of items is acceptable. Example: My goals in the next five years are to: (1) purchase property, (2) build a home, and (3) start my own home business.

4. Using bullets to list items is acceptable.
   Example: My goals in the next five years are to:
   - Purchase property
   - Build a home
   - Start my own home business

5. Any other symbol used to list items will be replaced with numbers or bullets.

6. The inclusion of one or more of each of the following items of information is acceptable: phone number, fax number, address and internet address.

7. Use the acronym CalPERS for the California Public Employees' Retirement System.

8. Abbreviations or acronyms are acceptable or you may choose to completely spell out the words.

Example:

Word Description	Word Count	Abbreviation or Acronym	Word Count
Bachelor of Arts	3	B.A. or BA	1
California Highway Patrol	3	C.H.P. or CHP	1
California State Employees' Association	4	C.S.E.A. or CSEA	1
Los Angeles	2	L.A. or LA	1
California State University	3	C.S.U. or CSU	1
American Disabilities Act	3	ADA	1

CalPERS' Board Election
CANDIDATE CONTACT AUTHORIZATION SHEET

The Board Election Office receives calls from interested parties such as members, organizations and news media, who wish to contact a candidate directly. The law does not permit CalPERS to release personal information, including addresses and telephone numbers supplied by CalPERS members. However, CalPERS' members including candidates in Board elections, may voluntarily agree to permit CalPERS to supply personal information. A candidate is not required to permit the release of personal information.

If you wish to authorize CalPERS to supply your address and/or telephone number to interested parties, please complete this sheet and fax or mail it by June 8, 1998 to:

Fax Number: (916) 326-3379
Address: California Public Employees' Retirement System
                ATTENTION: CalPERS' Election Coordinator
                Lincoln Plaza - 400 P Street, Room 3290
                P.O. Box 942702
                Sacramento, CA 94229-2702

Check mark ✔the appropriate box below; complete the information; sign and date; return.

I authorize the CalPERS' Board Election Office to provide my contact information to interested parties as shown below.
Name:
Telephone Number: (   )
Fax Number: (   )
Internet Address:
Mailing Address:_____   _____
Timeframe I Can Be Reached By Telephone:
My signature below certifies my understanding of the purpose of this candidate contact authorization sheet, and that I completed the information on this sheet. **SIGNATURE:**_____**DATE:**_____

I do not authorize the CalPERS' Board Election Office to provide any of my contact information to any party.
My signature below certifies my understanding of the purpose of this candidate contact authorization sheet and that I completed the information on this sheet. **SIGNATURE:**_____**DATE:**_____

CandidateContactPermissionSheet-I.doc New (3/98)